

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Buie, Benjamin C.		Name of Joint Debtor (Spouse) (Last, First, Middle): Buie, Christina L.
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Christina L. Carroll; AKA Christina L. Carroll-Buie
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-9333		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1204
Street Address of Debtor (No. and Street, City, and State): 800 Morgan Street Elgin, IL <div style="text-align: right;">ZIP Code 60123</div>		Street Address of Joint Debtor (No. and Street, City, and State): 800 Morgan Street Elgin, IL <div style="text-align: right;">ZIP Code 60123</div>
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business: Kane
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Buie, Benjamin C.**Buie, Christina L.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Joseph P. Doyle**November 30, 2015**

Signature of Attorney for Debtor(s)

(Date)

Joseph P. Doyle 6277393**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Buie, Benjamin C.
Buie, Christina L.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Benjamin C. Buie
Signature of Debtor **Benjamin C. Buie**

X /s/ Christina L. Buie
Signature of Joint Debtor **Christina L. Buie**

Telephone Number (If not represented by attorney)

November 30, 2015

Date

Signature of Attorney*

X /s/ Joseph P. Doyle
Signature of Attorney for Debtor(s)

Joseph P. Doyle 6277393

Printed Name of Attorney for Debtor(s)

Law Office of Joseph P. Doyle LLC

Firm Name

105 S. Roselle Road, Suite 203
Schaumburg, IL 60193

Address

Email: joe@fightbills.com

847-985-1100 Fax: 847-985-1126

Telephone Number

November 30, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Benjamin C. Buie
Christina L. Buie**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Benjamin C. Buie
Benjamin C. Buie

Date: November 30, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Benjamin C. Buie
Christina L. Buie**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Christina L. Buie
Christina L. Buie

Date: November 30, 2015

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie,**
Christina L. Buie

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	13,425.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		10,063.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		6,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	30		218,449.80	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,465.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,448.00
Total Number of Sheets of ALL Schedules		45			
Total Assets			13,425.00		
Total Liabilities				234,512.80	

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie,**
Christina L. Buie

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	6,000.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	6,000.00

State the following:

Average Income (from Schedule I, Line 12)	3,465.00
Average Expenses (from Schedule J, Line 22)	3,448.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	5,923.13

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		2,788.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	6,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		218,449.80
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		221,237.80

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Kane County Teachers Credit Union	-	400.00
		Savings account with Kane County Teachers Credit Union	-	100.00
		Checking account with TCF Bank	J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous used household goods and furnishings	-	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, Pictures, and CD's	-	150.00
6. Wearing apparel.		Wearing Apparel	-	900.00
7. Furs and jewelry.		Miscellaneous Costume Jewelry	-	600.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance policy through employer - (No cash surrender value)	-	0.00
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **2,650.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) / Retirement plan through employer - 100% exempt.	H	1,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **1,000.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Automobile - 2006 Hummer H3 with 130,000 in mileage - Paid In Full - Full Coverage Auto Insurance - Fair market value provided by CarMax - Co-Debtor is on title with her ex-husband	J	2,000.00
		Automobile - 2004 Audi A4 with 150,000 in mileage - Surrender - Full Coverage Auto Insurance	-	2,125.00
		Motorcycle - 2001 Harley-Davidson Electra Glide - Current/Reaffirm - Full coverage insurance	H	5,150.00
		Automobile - 1993 Cadillac Deville with 135,00 in mileage - Paid In Full - not running.	H	500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Sub-Total > **9,775.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **13,425.00**

(Report also on Summary of Schedules)

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking account with Kane County Teachers Credit Union	735 ILCS 5/12-1001(b)	400.00	400.00
Savings account with Kane County Teachers Credit Union	735 ILCS 5/12-1001(b)	100.00	100.00
<u>Household Goods and Furnishings</u>			
Miscellaneous used household goods and furnishings	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Books, Pictures and Other Art Objects; Collectibles</u>			
Books, Pictures, and CD's	735 ILCS 5/12-1001(b)	150.00	150.00
<u>Wearing Apparel</u>			
Wearing Apparel	735 ILCS 5/12-1001(a)	900.00	900.00
<u>Furs and Jewelry</u>			
Miscellaneous Costume Jewelry	735 ILCS 5/12-1001(b)	600.00	600.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
401(k) / Retirement plan through employer - 100% exempt.	735 ILCS 5/12-704	100%	1,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
Automobile - 2006 Hummer H3 with 130,000 in mileage - Paid In Full - Full Coverage Auto Insurance - Fair market value provided by CarMax - Co-Debtor is on title with her ex-husband	735 ILCS 5/12-1001(c)	2,400.00	4,000.00
Motorcycle - 2001 Harley-Davidson Electra Glide - Current/Reaffirm - Full coverage insurance	735 ILCS 5/12-1001(c)	2,400.00	5,150.00
Automobile - 1993 Cadillac Deville with 135,00 in mileage - Paid In Full - not running.	735 ILCS 5/12-1001(b)	500.00	500.00

Total: **8,950.00** **13,300.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Benjamin C. Buie,**
Christina L. Buie

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxx-xx-9333							
Buckeye Check Cashing of illinois DBA 1st Loans Financial 6785 Bobcat Way Dublin, OH 43016		W	2014				
			Non-Purchase Money Security				
			Automobile - 2004 Audi A4 with 150,000 in mileage - Surrender - Full Coverage Auto Insurance				
			Value \$ 2,125.00			4,200.00	2,075.00
Account No. xxxxxxxxxx6419			Opened 3/31/12 Last Active 11/15/15				
Esb/Harley Davidson Cr Po Box 21829 Carson City, NV 89721		H	Purchase Money Security				
			Motorcycle - 2001 Harley-Davidson Electra Glide - Current/Reaffirm - Full coverage insurance				
			Value \$ 5,150.00			5,863.00	713.00
Account No.							
			Value \$				
Account No.							
			Value \$				
Subtotal (Total of this page)						10,063.00	2,788.00
Total (Report on Summary of Schedules)						10,063.00	2,788.00

0 continuation sheets attached

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			back child support					
Randy Johnson 316 Terra Springs Circle Volo, IL 60020		W						0.00
							6,000.00	6,000.00
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							6,000.00	6,000.00
Total								0.00
(Report on Summary of Schedules)							6,000.00	6,000.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxx8287 14-15 Larkin Highschool 1475 Larkin Ave Elgin, IL 60123		J	2015				560.00
Account No. xxxxxx0325 AAMS 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265		J	2013 Notice only collection Centegra				0.00
Account No. xxx6898 Aba 300 1/2 South 2nd Clinton, IA 52733		H	Opened 6/17/15 Last Active 12/01/14 Collection Med1 02 Rockford Hea				676.00
Account No. xxxxx-x2056 Advocate Sherman Hospital 1426 N. Randall Road Elgin, IL 60123		J	2012 Medical				265.00
Subtotal (Total of this page)							1,501.00

29 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx08-01 AFNI 1310 Martin Luther King Dr. Bloomington, IL 61701		J	2015 Notice only collection AT&T				0.00
Account No. xxx6898 Allied Business Accounts PO Box 1600 Clinton, IA 52733-1600		J	2015 Notice only Medical				0.00
Account No. xxxx3127 ARS National POB 463023 Escondido, CA 92046		J	2014 Notice only				0.00
Account No. xxxx5220 Assocaites in Psychiatry & Coun. 2050 Larkin Ave Suite 202 Elgin, IL 60123		J	2013 Medical			X	35.00
Account No. xxx-xx-9333 AT&T c/o Bankruptcy Department 1801 Valley View Lane Farmers Branch, TX 75234		J	2014				1,504.00
Sheet no. <u>1</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,539.00
Subtotal (Total of this page)							1,539.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxxxxxxx2789	W		Opened 8/10/06 Last Active 7/28/10				2,598.00	
Barclays Bank Delaware 125 S West St Wilmington, DE 19801			Credit Card					
Account No. xx9356	J		2014				2,598.00	
Barclays Bank Delaware Card Services PO Box 8801 Wilmington, DE 19899			Credit card					
Account No. xxxxxxxxxxxx0759	J		2015				0.00	
Bay Area Credit Serv PO Box 468449 Atlanta, GA 31146			Notice only collection AT&T					
Account No. xxxxxxxx1727	J		2010				4,791.00	
Blatt, Hasenmiller, Leibsker, Moore P.O. Box 489 Normal, IL 61761								
Account No. xx6813	J		2015				0.00	
Buckeye Check Cashing of illinois 6785 Bobcat Way Dublin, OH 43016			Notice only collection 1st Loans					
Sheet no. 2 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	9,987.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx9356 Capital Managment Services 698 1/2 S. Ogden St Buffalo, NY 14206-2317	J	2014 Notice only collection Barclays				0.00
Account No. xxxxxxxxxxxx2093 Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238	W	Opened 12/09/04 Last Active 1/31/11 Credit Card				1,771.00
Account No. xxxxxxxxxxxx7152 Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238	W	Opened 5/20/15 Last Active 11/13/15 Credit Card				274.00
Account No. x4900 CD&L Dental Assocaites 1250 South Route 12 Fox Lake, IL 60020	J	2011 Medical				804.00
Account No. xxxxx6137 Centegra Health System PO Box 864 Mahwah Mahwah, NJ 07430	J	2015 Medical				3,588.00
Sheet no. 3 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,437.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxx-x0001 Centegra Hospital -Woodstock 3701 Doty Rd Woodstock, IL 60098-1990	J	2014 Medical				11,488.00
Account No. x7316 Centegra Primary Care 13707 West Jackson Street Woodstock, IL 60098-3188	J	2011 Medical				85.00
Account No. xxx9374 Central DuPage Hospital Attn: Bankruptcy Dept. Dept. 4698 Carol Stream, IL 60122	J	2014 Medical			X	25.00
Account No. xxxxxxxxxxxxx1698 Charter Communications PO Box 2981 Milwaukee, WI 53201	J	2015				554.00
Account No. xxx-xx-9333 Chase Bank OH1-1272 (Overdraft Fees) PO Box 182223 Columbus, OH 43218	J	2015 Overdraft fees				85.00
Sheet no. <u>4</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,237.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9221 City of Elgin ATTN: Finance Dept. 150 Dexter Ct Elgin, IL 60120	J	2014				225.00
Account No. xxxxxxx-x9468 City of Elgin 150 Dexter Court Elgin, IL 60120-5555	J	2015				362.00
Account No. xxxxxx1006 City of Genoa PO Box 274 Genoa, IL 60135	J	2012 Utility				63.00
Account No. xxxx/xxx3564 Collection Protection Association 13355 Noel Rd Dallas, TX 75240	J	2013 Notice only				0.00
Account No. xxxxxxxxxxxx1063 Comcast Bankruptcy PO Box 3002 Southeastern, PA 19398	J	2015 Utility				616.00
Sheet no. 5 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,266.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-9333 ComEd 3 Lincoln Center ATTN: Bankruptcy Claims Dept Oak Brook Terrace, IL 60181	J	2015				826.00
Account No. xxxxxxxx8175 Computer Credit, Inc 640 West Fourth St PO Box 5238 Winston Salem, NC 27113-5238	J	2015 Medical collection				0.00
Account No. xxxx7383 Convergent Outsourcing 800 Sw 39th St Renton, WA 98057	W	Opened 11/13/13 Last Active 1/01/11 Collection Attorney Comcast				253.00
Account No. xxxxxxxxxxxx0917 Convergent Outsourcing, Inc 10750 Hammerly Blvd #200 Houston, TX 77043	J	2015 Notice only collection comcast				0.00
Account No. xxxxx3308 Credence Resource Mana 17000 Dallas Pkwy Ste 20 Dallas, TX 75248	W	Opened 9/01/15 Collection Attorney At T				68.00
Sheet no. <u>6</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,147.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9087 Credit Coll Po Box 9134 Needham, MA 02494	W	Opened 6/24/14 Collection 06 Nationwide Insura				147.00
Account No. xxxxxxx7378 Credit Collection Services Two Wells Avenue Newton Center, MA 02459		2015 Notice only collection				0.00
Account No. xxxx3849 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007	W	Opened 10/08/14 Last Active 6/01/14 Collection Attorney Wow Schaumburg				2,490.00
Account No. xxxx2036 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007		Opened 11/12/13 Last Active 11/01/10 Factoring Company Account Us Cellular				1,279.00
Account No. xxxx0532 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007	H	Opened 8/15/11 Last Active 6/01/09 Factoring Company Account Charter Communicatio				598.00
Sheet no. <u>7</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						4,514.00
Subtotal (Total of this page)						4,514.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4409 Credit Management Lp 4200 International Pkwy Carrollton, TX 75007		Opened 1/31/13 Last Active 2/01/11 Factoring Company Account Charter Communicatio				74.00
Account No. x7285 Creditor Services PO Box 4 Clinton, IA 52733		2015 Notice only collection Rockford Med				0.00
Account No. xxxxxxxxxxxx8919 Creditors Protection S 308 W State St Ste 485 Rockford, IL 61101		Opened 3/15/11 Collection Attorney Rkfd Health Physicia				51.00
Account No. xxxxxxxxxxxx5157 Creditors Protection S 308 W State St Ste 485 Rockford, IL 61101		Opened 5/18/15 Collection Attorney Rockford Health Phys				50.00
Account No. xxxxxxxxxxxx2799 Creditors Protection S 308 W State St Ste 485 Rockford, IL 61101		Opened 9/28/15 Collection Attorney Rockford Health Phys				50.00
Sheet no. 8 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						225.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9352 Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256	H	Opened 9/23/15 Last Active 8/01/15 Collection Attorney Comcast				449.00
Account No. xxx5745 Dynia & Associates, LLC 1400 E Touhy Suite G2 Des Plaines, IL 60018	J	2015 Notice only collection Jefferson Capital				0.00
Account No. xxxxxxx8175 Elmhurst Memorial Healthcare PO Box 140250 Toledo, OH 43614	J	2015 Medical				118.00
Account No. xxxxx2620 Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256	W	Opened 1/29/15 Last Active 5/01/12 Collection Attorney Charter Communicatio				527.00
Account No. xxxx0064 EOS CCA PO Box 439 Norwell, MA 02061	J	2015 Notice only collection US Cellular				0.00
Sheet no. 9 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,094.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx8022 ERS Solutions PO Box 5730 Hauppauge, NY 11788	J	2014				14.00
Account No. xxxx9950 Fenton & McGavvey Law Firm 2401 Stanley Gault Parkway Louisville, KY 40223	J	2015 Notice only collection Juniper				0.00
Account No. xxxxxxxxxxxxx2743 Fifth Third Bank 5050 Kingsley Dr. Cincinnati, OH 45227	J	2015				885.00
Account No. 2789 Financial Recovery Services, Inc 802 N Clinton St Suite B Bloomington, IL 61702-1007	J	2012 Notice only				0.00
Account No. 0837 FingerHut 6250 Ridgewood Road Saint Cloud, MN 56303	J	2015				558.00
Sheet no. <u>10</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,457.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxxxxxxx2789	J		2015 Notice only collection Jefferson Capital			X	0.00	
Firsel Law Group PO box 1599 Lombard, IL 60148-8599								
Account No. xxxx0753	J		2015 Notice only collection Chase				0.00	
First Source Advantage LLC 205 Bryant Woods South Buffalo, NY 14228								
Account No. xxxxxxxxxxxxxx1001	H		Opened 12/02/13 Last Active 9/01/15 Deficiency balance on repossessed vehicle				6,483.00	
Flagship Credit Accept 3 Christy Dr Ste 201 Chadds Ford, PA 19317								
Account No. xxxx7386	J		2015 Notice only collection Capital One				0.00	
FMS Inc. Attn: Bankruptcy Dept. 4915 S. Union Avenue Tulsa, OK 74170								
Account No. xxx xx0238	J		2012 Medical				250.00	
Fox Valley Laboratory Physicians,SC P. O. Box 5133 Chicago, IL 60680-5133								
Sheet no. 11 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	6,733.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxx9997		J	2012 Medical				941.00	
Fox Valley Women's Healthcare 1435 Randall Rd Elgin, IL 60123								
Account No. xxxx0299		J	2015 Notice only collection Capital One				0.00	
Freedman Anselmo Lindberg & Rappe 1771 W. Diehl Road Suite 150 Naperville, IL 60563								
Account No. xxxxxx9607		J	2015				468.80	
Geico One Geico Plaza Bethesda, MD 20810-0001								
Account No. xxxx0201		J	2014 Medical				351.00	
Greater Elgin Pain Management Department 4423 Carol Stream, IL 60122								
Account No. xx7379		J	2014 Medical				20.00	
GreenLeaf Ortho Assoc 105 N Greenleaf St Gurnee, IL 60031								
Sheet no. <u>12</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,780.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx0558 Guthy Renker PO Box 11448 Des Moines, IA 50336-1448	J	2012				30.00
Account No. xxxx8406 Harris & Harris Ltd 111 W Jackson Blvd S-400 Chicago, IL 60604	H	Opened 6/12/15 Last Active 1/01/15 Collection Attorney Centegra Health Syst				2,031.00
Account No. xxxx9984 Harris & Harris Ltd 111 W Jackson Blvd S-400 Chicago, IL 60604	H	Opened 5/07/15 Last Active 12/01/14 Collection Attorney Centegra Health Syst				1,431.00
Account No. xxx9374 Health Lab 25 N Winfield Rd Winfield, IL 60190-1295	J	2015 Medical				200.00
Account No. xxxxxxxxx5261 HomeEq Servicing P.O. Box 24646 West Palm Beach, FL 33416-4646	J	2010 Deficiency balance on short sold property				20,680.00
Sheet no. <u>13</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						24,372.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxx2067 Homeward Residential 1525 S Belt Line Rd Coppell, TX 75019	J	Opened 11/23/05 Last Active 1/03/06 deficiency balance on short-sale Real Estate				4,882.00
Account No. xxxxxxxxx2075 Homeward Residential 1525 S Belt Line Rd Coppell, TX 75019	J	Opened 11/23/05 Last Active 1/03/06 deficiency balance on short sale real estate				76,720.00
Account No. xxx1741 Horizons Behavioral Health 500 Coventry Ln Suite 205 Crystal Lake, IL 60014-7500	J	2015 Medical				350.00
Account No. xxxxxxxxxxxxx2743 Hsbc Bank Po Box 9 Buffalo, NY 14240	W	Opened 5/09/09 Last Active 12/01/10 Credit Card				949.00
Account No. xxxxxxx7002 I C System Inc Po Box 64378 Saint Paul, MN 55164	H	Opened 3/12/15 Collection Attorney Larkin High School -				820.00
Sheet no. <u>14</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 83,721.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx7001 I C System Inc Po Box 64378 Saint Paul, MN 55164	H	Opened 6/18/14 Collection Attorney Larkin High School -				260.00
Account No. xx3089 Illinois Cancer Specialists 2570 Network Place Chicago, IL 60673-1250	J	2015 Medical				25.00
Account No. xxxxA000 Inverness Healthcare Assocaites 201 E PArk St Uinot C Mundelein, IL 60060	J	2015 Medical				15.00
Account No. xxxxxxx5991 JCPenny P.O. Box 960001 Orlando, FL 32896-0001	J	2011				535.00
Account No. xxxxxxxxx2003 Jefferson Capital Syst 16 Mcleland Rd Saint Cloud, MN 56303	H	Opened 6/05/15 Last Active 5/01/12 Factoring Company Account Verizon Wireless				1,626.00
Sheet no. 15 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,461.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx0385 Jefferson Capital Syst 16 Mcleland Rd Saint Cloud, MN 56303	H W J C	Opened 8/17/15 Factoring Company Account Fingerhut Direct Mrk				557.00
Account No. xx3952 Joyce T Muni MD 1860 Winchester RD Suite 105 Libertyville, IL 60048		2015 Medical				35.00
Account No. x1918 JT Muni MD 1860 W. inchester Court Suite 105 Libertyville, IL 60048-5353	J	2010 Medical				118.00
Account No. xxxx9950 Juniper Card Services P.O. Box 13337 Philadelphia, PA 19101		2015				2,598.00
Account No. xxxxxxx0904 Kane County Clerk 19 S Batavia Ave Geneva, IL 60134	J	2010				141.00
Sheet no. <u>16</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						3,449.00
Subtotal (Total of this page)						3,449.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxxxxx3876	W	Opened 11/14/08 Last Active 9/01/10				1,350.00
Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051		Charge Account				
Account No. xxxx2888	J	2015				30.00
LabCorp PO Box 2240 Burlington, NC 27216-2240		Medical				
Account No. xxx1332	J	2015				50.00
LJ Ross Associates PO Box 6099 Jackson, MI 49204-6099		Notice only Collection Comed				
Account No. xxx-xx-1204	J	2010				400.00
LUMC Patient Payments PO Box 3021 Milwaukee, WI 53201-3021		Medical				
Account No. xxxxxxx0705	W	Opened 11/13/13 Last Active 12/01/12				350.00
Mbb 1460 Renaissance Dr Park Ridge, IL 60068		Collection Attorney United Anesthesia As				
Sheet no. <u>17</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,180.00
Subtotal (Total of this page)						2,180.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxx0201	W	Opened 8/04/14 Last Active 10/01/13				163.00	
Mbb 1460 Renaissance Dr Park Ridge, IL 60068		Collection Attorney Greater Elgin Pain M					
Account No. xxxxxxx2011	W	Opened 8/04/14 Last Active 10/01/13				79.00	
Mbb 1460 Renaissance Dr Park Ridge, IL 60068		Collection Attorney Greater Elgin Pain M					
Account No. xxxxxxx2014	W	Opened 8/04/14 Last Active 11/01/13				79.00	
Mbb 1460 Renaissance Dr Park Ridge, IL 60068		Collection Attorney Greater Elgin Pain M					
Account No. xxxxx1569	J	2015				40.00	
Meaningful Beauty PO Box 360252 Des Moines, IA 50336-2522							
Account No. xxxxxxx2011	W	Opened 6/01/15 Last Active 8/01/14				116.00	
Medical Business Bur 1460 Renaissance Drive Ste 400 Park Ridge, IL 60068		Government Secured Direct Loan Greater Elgin P					
Sheet no. 18 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	477.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx3571 Medical Recovery Specialists 2250 E Devon Ave Suite 352 Des Plaines, IL 60018	J	2014 Medical				62.20
Account No. 757 Meera Atkins MD PO Box 3833 Carol Stream, IL 60132-3833	J	2015 Medical				20.00
Account No. xxxx-1755 MHS Physician Services PO Box 5081 Janesville, WI 53547	J	2010 Medical				39.00
Account No. xxxxxx1674 Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108	H	Opened 2/10/10 Last Active 9/01/11 Factoring Company Account Chase Bank Usa N.A				4,862.00
Account No. xxxxxx3224 Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108	H	Opened 2/25/10 Last Active 8/01/09 Factoring Company Account Ge Money Bank				912.00
Sheet no. 19 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,895.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x1918 ML Medical Billing 425 Huehl Rd, BLDG 8 Northbrook, IL 60062	J	2011 Collection Medical				298.00
Account No. xxx2720 Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018	W	Opened 2/18/15 Collection Attorney Sherman Hospital Xy				198.00
Account No. xxx1549 Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018	W	Opened 2/11/15 Collection Attorney Sherman Hospital Xy				187.00
Account No. xxx9221 Municipal Collection of America PO BOX 1022 Wixom, MI 48393-1022	J	2015 Notice only collection City of Elgin				125.00
Account No. xxxxxxx7378 Nationwide 815 Commerce Dr Ste 270 Oak Brook, IL 60523	J	2014				148.00
Sheet no. 20 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 956.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxx9843	J	2012				0.00
Nationwide Credit, Inc 2002 Summit Boulevard, Suite 600 Atlanta, GA 30319		Notice only collection Medical				
Account No. xx7PDO	J	2015				0.00
NCO Financial Systems 507 Prudential Road Horsham, PA 19044		Notice only collection Nationwide				
Account No. xx-xx-xx-8939	J	2012				71.00
NiCor Correspondence/Bankruptcy PO Box 190 Aurora, IL 60507						
Account No. xx-xx-xx-9975	J	2015				141.00
NiCor Correspondence/Bankruptcy PO Box 190 Aurora, IL 60507						
Account No. xxx-xx-9333	J	2015				0.00
North Shore Agency, Inc 270 Spagnoli road Suite 111 Melville, NY 11747-3515		Notice only collection Verizon				
Sheet no. <u>21</u> of <u>29</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						212.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx1569 North Shore Agency, Inc 270 Spagnoli road Suite 111 Melville, NY 11747-3515	J	2014 Collection Meaningful Beauty				0.00
Account No. xxxxx2341 Northland Group, Inc. PO Box 390846 Minneapolis, MN 55439	J	2015 Notice only colelction Capital One				0.00
Account No. 2789 Northstar Location Service Bankruptcy Dept. 4285 Genesee St Cheektowaga, NY 14225	J	2011 collection Barclay's bank				2,598.00
Account No. xx6851 Oral and Maxillofacial 19410 West Galena Blvd Suite 2 Aurora, IL 60506-4358	J	2014 Medcial				11.00
Account No. xxxx -xxxxxxxxxxx2743 Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502	W	Opened 7/22/11 Last Active 12/01/10 Factoring Company Account Hsbc Bank Nevada N.				949.00
Sheet no. 22 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,558.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx xx-xxxxxxxx8599		Opened 5/31/12 Last Active 1/01/11				594.00
Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502	W	Factoring Company Account Ge Capital Retail Ba				
Account No. xxx0352		2014				41.00
Prometheus Therapeutics PO Box 894115 Los Angeles, CA 90189-4115	J	Medical				
Account No. x4481		2015				35.00
Proponent Ear, Nose, and Throat 2350 Royal Elvd Suite 500 Elgin, IL 60123-4727	J	Medical				
Account No. xxx4010		2015				4,841.00
Robert Chapski LTD 1815 Grandstand PI Elgin, IL 60123	J	Attorney				
Account No. x5399		2013				18.00
Rockford Health Medical Labs PO Box 138 Rockford, IL 61105-3619	J	Medical				
Sheet no. 23 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						5,529.00
Subtotal (Total of this page)						5,529.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxA395 Rockford Health Phy Dept. CH 4701 Carol Stream, IL 60122-4701	J	2015 Medical				50.00
Account No. xx3699 Rockford Memorial Hospital Dept 4628 Carol Stream, IL 60122-4628	J	2014 Medical				100.00
Account No. x5399 Rockford Mercantile Agency 2502 S Alpine Rd Rockford, IL 61108	J	2015 Notice only collection Rockford Health				0.00
Account No. xxxxx5137 RPM Attn: Bankruptcy Dept. 1930 220th St. SE Suite 101 Bothell, WA 98021	J	2015 Notice only collection Verizon				0.00
Account No. xx4868 RRCA Accounts Management, Inc 201 E. 3rd St. Sterling, IL 61081-3611	J	2014 Medical				488.00
Sheet no. 24 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 638.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx2915 Rush University Medical Group 75 Remittance Drive Suite 1611 Chicago, IL 60675	J	2015 Medical				35.00
Account No. xxx9167 Sherman Hospital Business Office 934 Center St Elgin, IL 60120	J	2015 Notice only collection Medical				133.00
Account No. xxxxxxx2056 Sherman Hospital 35134 Eagle Way Chicago, IL 60678	J	2013 Medical				6,396.80
Account No. xxxxxxxxxx-xxx9671 SKO Brenner American Inc. 40 Daniel Street Farmingdale, NY 11735-0230	J	2015 Collection Prometheus Lab				25.00
Account No. xxxx9567 Southwest Credit 4120 International Pkwy Suite 1100 Carrollton, TX 75007-1958	J	2015 Notice only collection AT&T				0.00
Sheet no. 25 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,589.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx-xxx0946 State Collection Services 2509 S. Stoughton Rd. Madison, WI 53716	J	2015 Notice Only collection northwest medicaine				0.00
Account No. xxx-xx-9333 Streamwood Hospital 1400 E Irving Park Road Streamwood, IL 60107	J	2015 Medical				50.00
Account No. 2011 Sunrise Credit Services PO Box 9100 Farmingdale, NY 11735	J	0331725549 Notice onlycollection Rodale				51.00
Account No. xxxxxxxxxxxxx8599 Syncb/Jcp Po Box 965007 Orlando, FL 32896	W	Opened 9/16/10 Last Active 1/01/11 Charge Account				593.00
Account No. xxxxxxxxxxxxx8996 Syncb/Lowes Po Box 965005 Orlando, FL 32896	H	Opened 7/04/07 Last Active 8/01/09 Charge Account				556.00
Sheet no. 26 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,250.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx6062 Torres Credit Serv PO Box 189 Carlisle, PA 17015-3121	J	2015 Notice only collection Comed				42.00
Account No. xxxxxxxx4705 United Anesthesia Assoc PO Box 631 Lake Forest, IL 60045	J	2013 Medical				665.00
Account No. 1534 United Behavioral Health - PO Box 411517 Saint Louis, MO 63141-3517	J	2015 Notice only Medical				0.00
Account No. xx-xxxx3210 US Cellular PO Box 0203 Palatine, IL 60055-0203	J	2015				1,599.00
Account No. xxxxxxxxxxxx0001 Verizon Wireless Bankruptcy 500 Technology Dr. Suite 550 Weldon Spring, MO 63304	J	2015				1,626.00
Sheet no. 27 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,932.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxps3m Village of Lakemoor PO Box 7727 RLE Carol Stream, IL 60197-7727	J	2015				200.00
Account No. xxxxxxxxxxxx0837 Webbank/Fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303	W	Opened 12/03/14 Last Active 2/01/15 Charge Account				557.00
Account No. xxx-xx-9333 Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306	J	2011 deficiency balance on foreclosed home				20,000.00
Account No. 8516 Winters Family Practice 2350 Royal Boulevard Suite 300 Elgin, IL 60123-4718	J	2015 Medical				10.00
Account No. 8516 Winters Family Practice 2350 Royal Boulevard Suite 300 Elgin, IL 60123-4718	J	2015 Medical				15.00
Sheet no. 28 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 20,782.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx3689 Womans DOC SC 20 Executive court Suite 1 Barrington, IL 60010-9543	J	2015 Medical				40.00
Account No. xxxxx7510 WOW PO Box 4350 Carol Stream, IL 60197		2014				2,490.00
Account No. 						
Account No. 						
Account No. 						
Sheet no. 29 of 29 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,530.00
(Report on Summary of Schedules)						218,449.80

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **Benjamin C. Buie,
Christina L. Buie**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Benjamin C. Buie

Debtor 2 Christina L. Buie
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	Occupation	<u>Grounds Keeper</u>	<u>Unemployed</u>
	Employer's name	<u>School District 246</u>	
	Employer's address	<u>524 E. Schaumburg Road Schaumburg, IL 60194</u>	
	How long employed there?	<u>20 years</u>	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,785.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,785.00</u>	\$ <u>0.00</u>

Debtor 1 **Benjamin C. Buie**
Debtor 2 **Christina L. Buie**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 4,785.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,107.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 361.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 52.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,520.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,265.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 200.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 200.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,465.00	+ \$ 0.00	= \$ 3,465.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies		12. \$ 3,465.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Benjamin C. Buie

Debtor 2 Christina L. Buie
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

16

☐ No
☒ Yes

Daughter

18

☐ No
☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,100.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Benjamin C. Buie**
Debtor 2 **Christina L. Buie**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	275.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	300.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$ **600.00**

8. Childcare and children's education costs

8. \$ **50.00**

9. Clothing, laundry, and dry cleaning

9. \$ **25.00**

10. Personal care products and services

10. \$ **35.00**

11. Medical and dental expenses

11. \$ **60.00**

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ **400.00**

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ **100.00**

14. Charitable contributions and religious donations

14. \$ **0.00**

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	175.00
15d. Other insurance. Specify: _____	15d. \$	0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____

16. \$ **0.00**

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$	268.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

18. \$ **0.00**

19. Other payments you make to support others who do not live with you.

\$ **0.00**

Specify: _____

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00

21. Other: Specify: _____

21. +\$ **0.00**

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **3,448.00**

23. Calculate your monthly net income.

23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	3,465.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	3,448.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ **17.00**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie**
Christina L. Buie

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **47** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 30, 2015**

Signature **/s/ Benjamin C. Buie**

Benjamin C. Buie

Debtor

Date **November 30, 2015**

Signature **/s/ Christina L. Buie**

Christina L. Buie

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Benjamin C. Buie
Christina L. Buie**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$58,661.00	2015 YTD: Debtor Employment Income
\$63,443.00	2014: Debtor Employment Income
\$58,888.00	2013: Debtor Employment Income
\$1,648.20	2015 : YTD Joint Dbt Employment Income
\$30,172.00	2014: Joint Dbt Employment Income

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$11,424.00
\$400.00
\$1,220.00

SOURCE
2015 YTD: Wife Unemployment
2015 YTD: Husband Child Support
2015 : YTD - Short Term Disability

3. Payments to creditors

None

☒

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR

DATES OF
PAYMENTS

AMOUNT PAID

AMOUNT STILL
OWING

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None

☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

Midland Funding vs. Benjamin C. Buie
Case No. 2010SC01727

NATURE OF
PROCEEDING
Foreclosure

COURT OR AGENCY
AND LOCATION

Circuit Court of De Kalb County

STATUS OR
DISPOSITION
Pending

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

**Midland Funding LLC
C/O Corporation Service Co.
801 Adlai Stevenson Drive
Springfield, IL 62703**

DATE OF SEIZURE
10/26/2015

DESCRIPTION AND VALUE OF
PROPERTY
Debtor's wages are being garnished.

5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CREDITOR OR SELLER
**Wells Fargo Home Mortgage
PO Box 10335
Des Moines, IA 50306**

DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN
2013

DESCRIPTION AND VALUE OF
PROPERTY
**Debtor's home located at 529 S. Sycamore,
Genoa IL 60135 was foreclosed.**

**Flagship Credit Accept
3 Christy Dr Ste 201
Chadds Ford, PA 19317**

2014

**Debtor's 2005 Cadillac Escalate was
repossessed.**

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIAN

NAME AND LOCATION
OF COURT
CASE TITLE & NUMBER

DATE OF
ORDER

DESCRIPTION AND VALUE OF
PROPERTY

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
PERSON OR ORGANIZATION

RELATIONSHIP TO
DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND
VALUE OF GIFT

B7 (Official Form 7) (04/13)

4

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Offices of Joseph P. Doyle 105 S. Roselle Rd. Suite 203 Schaumburg, IL 60193	2015	\$1050.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	------------------------------------

B7 (Official Form 7) (04/13)

5

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1260 Christopher, Elgin IL 60120	Benjamin C. Buie Christina L. Buie	2013 - 2014

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

B7 (Official Form 7) (04/13)

6

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

B7 (Official Form 7) (04/13)

7

NAME	ADDRESS	DATES SERVICES RENDERED
None ■	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.	

NAME	ADDRESS
None ■	d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ■	a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
-----------	--

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ■	b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.	
-----------	---	--

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

21 . Current Partners, Officers, Directors and Shareholders

None ■	a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
-----------	--

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None ■	b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.	
-----------	--	--

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ■	a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.
-----------	---

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ■	b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.	
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NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ■	If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.	
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NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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B7 (Official Form 7) (04/13)

8

24. Tax Consolidation Group.

None



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 30, 2015**

Signature /s/ Benjamin C. Buie
Benjamin C. Buie
Debtor

Date **November 30, 2015**

Signature /s/ Christina L. Buie
Christina L. Buie
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie**
Christina L. Buie

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Buckeye Check Cashing of illinois	Describe Property Securing Debt: Automobile - 2004 Audi A4 with 150,000 in mileage - Surrender - Full Coverage Auto Insurance
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Esb/Harley Davidson Cr	Describe Property Securing Debt: Motorcycle - 2001 Harley-Davidson Electra Glide - Current/Reaffirm - Full coverage insurance
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **November 30, 2015**

Signature **/s/ Benjamin C. Buie**
Benjamin C. Buie
Debtor

Date **November 30, 2015**

Signature **/s/ Christina L. Buie**
Christina L. Buie
Joint Debtor

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie**
Christina L. Buie

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,050.00
Prior to the filing of this statement I have received	\$	1,050.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **November 30, 2015**

/s/ Joseph P. Doyle

Joseph P. Doyle 6277393
Law Office of Joseph P. Doyle LLC
105 S. Roselle Road, Suite 203
Schaumburg, IL 60193
847-985-1100 Fax: 847-985-1126
joe@fightbills.com

BANKRUPTCY CONTRACT

(Effective Aug. 1, 2015)

SECURED DEBTS	UNSECURED DEBTS	NON-DISCHARGEABLE
Mortgage Arrears _____	Foreclosed Home	Tax _____
Mortgage Balance _____	Short Sale	Student Loans _____
Car Balance <u>keep Bille</u>	WAGE GARNISHMENT	Gov't. Fines _____
Car #2 Balance <u>Sunder</u>	CAR Repo	Child Support _____
Loans <u>Andi</u>		← ? → _____
TOTAL SECURED'S _____	TOTAL UNSECURED'S _____	TOTAL NON-DISCH. \$ _____

Chapter 7 - eliminates dischargeable unsecured debts. Certain debts may not be dischargeable.

1) Today you paid us \$ 1465 as your retainer on our total attorney's fee of \$ 1050. 1) You agree to pay your balance of \$ 00.00 in four (4) installments of _____ before _____.

2) Today you paid us \$ _____ as your retainer on our total attorney's fee of \$ _____. You agree to pay \$ _____ more prior to your case being filed.

Client agrees that \$335.00 filing fee is a separate cost and is not included in the agreed legal fee. Client agrees that the \$40.00 fee for the credit report (per person) is a separate cost and is not included in the agreed legal fee. **Client agrees that 1) TIMELY PAYMENT** - Client will pay in full prior to the last payment date; **2) REFUNDS** - If client decides to discontinue legal services at any time, client is only entitled to a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund check. Firm's hourly rate is \$250 per hour for purposes of determining what refund client is entitled to in the event that client discharges Firm as client's attorney. In order to discharge Firm, client must submit a written request. **3) COLLECTIONS** - Client agrees that if Firm is unable to collect its fees through the terms stated in this contract, Firm will be forced to refer your account to collections. Client is liable for all attorney's fees and costs incurred to collect the debt, including court costs, which will amount to no less than \$400.00. **4) LAW CHANGES** - Firm's advice to client is subject to changes in applicable State and Federal laws. Client agrees to hold Firm harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. The law may change any day and Firm is not responsible for any delay. Pay in full immediately so Firm can get client's case filed or risk that changes in laws or court decisions will change the advice we give client. **5) RESCISSIONS** - Once client reaffirms a debt, client may only rescind the reaffirmation agreement by sending a written request, certified mail, return receipt requested, to Firm no less than two weeks prior to the bar date for rescissions. **6) STATE LAW PROCEEDINGS** - Client has been advised by Firm that Firm will not represent client in ANY state law matter, including, but not limited to, divorce proceedings, civil lawsuits, or contempt proceedings. Client is hereby advised to appear at any and all state court proceedings, unless specifically advised otherwise in writing. **7) ADDITIONAL FEES** - Client will be charged, and agrees to pay, additional fees for **a) Failing to list debts** by the time of filing that later have to be added to client's bankruptcy documents. The court charges \$30 to amend a petition. **b) Missing court date**. Client must attend a meeting of creditors approximately four weeks after client's case is filed. Firm still has to appear even if client does not, so Firm charges \$150 additional fee for any missed court date. Client agrees to call Firm three weeks after client's case has been filed to obtain the section 341 meeting date if client has not received notice of the meeting. **c) Adversary objections** to discharge based on fraudulent use on credit cards or other discharge issues. Firm's fee for negotiating a settlement is approximately \$300 to be paid in advance of settlement. Firm's fee for litigating a discharge issue is \$200 per hour, ten hours to be paid in advance. **d) Delays** - If client delays in paying the fees, returning the petition or in providing information to Firm, including appraisals, titles, bank account information. Firm reserves the right to charge additional fees which will amount to no less than \$100. **e) Lien avoidance** - Client agrees that the above quote fee does not include services provided to avoid judgment liens (\$250) _____, non-purchase money security interests (\$200) _____, or redemptions on vehicles (\$650) _____ to be paid prior to Firm drafting the motion. Client understands and agrees that if client does not pay the fee the firm will not bring the motion and the lien will survive the bankruptcy. **f) Bounced checks** - Client agrees to pay a \$25 bounced check fee for any checks not honored by client's bank. **8) FULL DISCLOSURE** - Client agrees to fully disclose all financial information to Firm. Client agrees to disclose all of assets and debts and understands that it is a Federal crime to omit a creditor or other information from a bankruptcy petition.

X [Signature] DATE 11/24/15 RECORD # 5702 X

No part of this contract is meant to conflict with any part of the Court-Approved Retention Agreement, revised as of March 15, 2011, by the United States Bankruptcy Court for the Northern District of Illinois, and in any real or perceived conflict, the Provision of the Court-Approved Retention Agreement prevails.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Benjamin C. Buie**
Christina L. Buie

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Benjamin C. Buie
Christina L. Buie

Printed Name(s) of Debtor(s)

X **/s/ Benjamin C. Buie**

Signature of Debtor

November 30, 2015

Date

Case No. (if known)

X **/s/ Christina L. Buie**

Signature of Joint Debtor (if any)

November 30, 2015

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Benjamin C. Buie**
Christina L. Buie Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **149**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 30, 2015** **/s/ Benjamin C. Buie**
Benjamin C. Buie
Signature of Debtor

Date: **November 30, 2015** **/s/ Christina L. Buie**
Christina L. Buie
Signature of Debtor

14-15 Larkin Highschool
1475 Larkin Ave
Elgin, IL 60123

AAMS
4800 Mills Civic Parkway
Suite 202
West Des Moines, IA 50265

Aba
300 1/2 South 2nd
Clinton, IA 52733

Advocate Sherman Hospital
1426 N. Randall Road
Elgin, IL 60123

AFNI
1310 Martin Luther King Dr.
Bloomington, IL 61701

Allied Business Accounts
PO Box 1600
Clinton, IA 52733-1600

ARS National
POB 463023
Escondido, CA 92046

Assocaites in Psychiatry & Coun.
2050 Larkin Ave
Suite 202
Elgin, IL 60123

AT&T
c/o Bankruptcy Department
1801 Valley View Lane
Farmers Branch, TX 75234

Barclays Bank Delaware
125 S West St
Wilmington, DE 19801

Barclays Bank Delaware
Card Services
PO Box 8801
Wilmington, DE 19899

Bay Area Credit Serv
PO Box 468449
Atlanta, GA 31146

Blatt, Hasenmiller, Leibsker, Moore
P.O. Box 489
Normal, IL 61761

Buckeye Check Cashing of illinois
DBA 1st Loans Financial
6785 Bobcat Way
Dublin, OH 43016

Buckeye Check Cashing of illinois
6785 Bobcat Way
Dublin, OH 43016

Capital Managment Services
698 1/2 S. Ogden St
Buffalo, NY 14206-2317

Capital One Bank Usa N
15000 Capital One Dr
Richmond, VA 23238

Capital One Bank Usa N
15000 Capital One Dr
Richmond, VA 23238

CD&L Dental Assocaites
1250 South Route 12
Fox Lake, IL 60020

Centegra Health System
PO Box 864 Mahwah
Mahwah, NJ 07430

Centegra Hospital -Woodstock
3701 Doty Rd
Woodstock, IL 60098-1990

Centegra Primary Care
13707 West Jackson Street
Woodstock, IL 60098-3188

Central DuPage Hospital
Attn: Bankruptcy Dept.
Dept. 4698
Carol Stream, IL 60122

Charter Communications
PO Box 2981
Milwaukee, WI 53201

Chase Bank
OH1-1272 (Overdraft Fees)
PO Box 182223
Columbus, OH 43218

City of Elgin
ATTN: Finance Dept.
150 Dexter Ct
Elgin, IL 60120

City of Elgin
150 Dexter Court
Elgin, IL 60120-5555

City of Genoa
PO Box 274
Genoa, IL 60135

Collection Protection Association
13355 Noel Rd
Dallas, TX 75240

Comcast
Bankruptcy
PO Box 3002
Southeastern, PA 19398

ComEd
3 Lincoln Center
ATTN: Bankruptcy Claims Dept
Oak Brook Terrace, IL 60181

Computer Credit, Inc
640 West Fourth St
PO Box 5238
Winston Salem, NC 27113-5238

Convergent Outsourcing
800 Sw 39th St
Renton, WA 98057

Convergent Outsourcing, Inc
10750 Hammerly
Blvd #200
Houston, TX 77043

Credence Resource Mana
17000 Dallas Pkwy Ste 20
Dallas, TX 75248

Credit Coll
Po Box 9134
Needham, MA 02494

Credit Collection Services
Two Wells Avenue
Newton Center, MA 02459

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Creditor Services
PO Box 4
Clinton, IA 52733

Creditors Protection S
308 W State St Ste 485
Rockford, IL 61101

Creditors Protection S
308 W State St Ste 485
Rockford, IL 61101

Creditors Protection S
308 W State St Ste 485
Rockford, IL 61101

Diversified Consultant
10550 Deerwood Park Blvd
Jacksonville, FL 32256

Dynia & Associates, LLC
1400 E Touhy
Suite G2
Des Plaines, IL 60018

Elmhurst Memorial Healthcare
PO Box 140250
Toledo, OH 43614

Enhanced Recovery Co L
8014 Bayberry Rd
Jacksonville, FL 32256

EOS CCA
PO Box 439
Norwell, MA 02061

ERS Solutions
PO Box 5730
Hauppauge, NY 11788

Esb/Harley Davidson Cr
Po Box 21829
Carson City, NV 89721

Fenton & McGavvey Law Firm
2401 Stanley Gault Parkway
Louisville, KY 40223

Fifth Third Bank
5050 Kingsley Dr.
Cincinnati, OH 45227

Financial Recovery Services, Inc
802 N Clinton St Suite B
Bloomington, IL 61702-1007

FingerHut
6250 Ridgewood Road
Saint Cloud, MN 56303

Firsell Law Group
PO box 1599
Lombard, IL 60148-8599

First Source Advantage LLC
205 Bryant Woods South
Buffalo, NY 14228

Flagship Credit Accept
3 Christy Dr Ste 201
Chadds Ford, PA 19317

FMS Inc.
Attn: Bankruptcy Dept.
4915 S. Union Avenue
Tulsa, OK 74170

Fox Valley Laboratory Physicians, SC
P. O. Box 5133
Chicago, IL 60680-5133

Fox Valley Women's Healthcare
1435 Randall Rd
Elgin, IL 60123

Freedman Anselmo Lindberg & Rappe
1771 W. Diehl Road
Suite 150
Naperville, IL 60563

Geico
One Geico Plaza
Bethesda, MD 20810-0001

Greater Elgin Pain Management
Department 4423
Carol Stream, IL 60122

GreenLeaf Ortho Assoc
105 N Greenleaf St
Gurnee, IL 60031

Guthy Renker
PO Box 11448
Des Moines, IA 50336-1448

Harris & Harris Ltd
111 W Jackson Blvd S-400
Chicago, IL 60604

Harris & Harris Ltd
111 W Jackson Blvd S-400
Chicago, IL 60604

Health Lab
25 N Winfield Rd
Winfield, IL 60190-1295

HomeEq Servicing
P.O. Box 24646
West Palm Beach, FL 33416-4646

Homeward Residential
1525 S Belt Line Rd
Coppell, TX 75019

Homeward Residential
1525 S Belt Line Rd
Coppell, TX 75019

Horizons Behavioral Health
500 Coventry Ln Suite 205
Crystal Lake, IL 60014-7500

Hsbc Bank
Po Box 9
Buffalo, NY 14240

I C System Inc
Po Box 64378
Saint Paul, MN 55164

I C System Inc
Po Box 64378
Saint Paul, MN 55164

Illinois Cancer Specialists
2570 Network Place
Chicago, IL 60673-1250

Inverness Healthcare Associates
201 E PArk St
Uinot C
Mundelein, IL 60060

JCPenny
P.O. Box 960001
Orlando, FL 32896-0001

Jefferson Capital Syst
16 Mcleland Rd
Saint Cloud, MN 56303

Jefferson Capital Syst
16 Mcleland Rd
Saint Cloud, MN 56303

Joyce T Muni MD
1860 Winchester RD
Suite 105
Libertyville, IL 60048

JT Muni MD
1860 W. inchester Court
Suite 105
Libertyville, IL 60048-5353

Juniper Card Services
P.O. Box 13337
Philadelphia, PA 19101

Kane County Clerk
19 S Batavia Ave
Geneva, IL 60134

Kohls/Capone
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

LabCorp
PO Box 2240
Burlington, NC 27216-2240

LJ Ross Associates
PO Box 6099
Jackson, MI 49204-6099

LUMC Patient Payments
PO Box 3021
Milwaukee, WI 53201-3021

Mbb
1460 Renaissance Dr
Park Ridge, IL 60068

Mbb
1460 Renaissance Dr
Park Ridge, IL 60068

Mbb
1460 Renaissance Dr
Park Ridge, IL 60068

Mbb
1460 Renaissance Dr
Park Ridge, IL 60068

Meaningful Beauty
PO Box 360252
Des Moines, IA 50336-2522

Medical Business Bur
1460 Renaissance Drive Ste 400
Park Ridge, IL 60068

Medical Recovery Specialists
2250 E Devon Ave
Suite 352
Des Plaines, IL 60018

Meera Atkins MD
PO Box 3833
Carol Stream, IL 60132-3833

MHS Physician Services
PO Box 5081
Janesville, WI 53547

Midland Funding
2365 Northside Dr Ste 30
San Diego, CA 92108

Midland Funding
2365 Northside Dr Ste 30
San Diego, CA 92108

ML Medical Billing
425 Huehl Rd, BLDG 8
Northbrook, IL 60062

Mrsi
2250 E Devon Ave Ste 352
Des Plaines, IL 60018

Mrsi
2250 E Devon Ave Ste 352
Des Plaines, IL 60018

Municipal Collection of America
PO BOX 1022
Wixom, MI 48393-1022

Nationwide
815 Commerce Dr Ste 270
Oak Brook, IL 60523

Nationwide Credit, Inc
2002 Summit Boulevard, Suite 600
Atlanta, GA 30319

NCO Financial Systems
507 Prudential Road
Horsham, PA 19044

NiCor
Correspondence/Bankruptcy
PO Box 190
Aurora, IL 60507

NiCor
Correspondence/Bankruptcy
PO Box 190
Aurora, IL 60507

North Shore Agency, Inc
270 Spagnoli road
Suite 111
Melville, NY 11747-3515

North Shore Agency, Inc
270 Spagnoli road
Suite 111
Melville, NY 11747-3515

Northland Group, Inc.
PO Box 390846
Minneapolis, MN 55439

Northstar Location Service
Bankruptcy Dept.
4285 Genesee St
Cheektowaga, NY 14225

Oral and Maxillofacial
19410 West Galena Blvd
Suite 2
Aurora, IL 60506-4358

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Prometheus Therapeutics
PO Box 894115
Los Angeles, CA 90189-4115

Proponent Ear, Nose, and Throat
2350 Royal Elvd
Suite 500
Elgin, IL 60123-4727

Randy Johnson
316 Terra Springs Circle
Volo, IL 60020

Robert Chapski LTD
1815 Grandstand Pl
Elgin, IL 60123

Rockford Health Medical Labs
PO Box 138
Rockford, IL 61105-3619

Rockford Health Phy
Dept. CH 4701
Carol Stream, IL 60122-4701

Rockford Memorial Hospital
Dept 4628
Carol Stream, IL 60122-4628

Rockford Mercantile Agency
2502 S Alpine Rd
Rockford, IL 61108

RPM
Attn: Bankruptcy Dept.
1930 220th St. SE Suite 101
Bothell, WA 98021

RRCA Accounts Management, Inc
201 E. 3rd St.
Sterling, IL 61081-3611

Rush University Medical Group
75 Remittance Drive
Suite 1611
Chicago, IL 60675

Sherman Hospital
Business Office
934 Center St
Elgin, IL 60120

Sherman Hospital
35134 Eagle Way
Chicago, IL 60678

SKO Brenner American Inc.
40 Daniel Street
Farmingdale, NY 11735-0230

Southwest Credit
4120 International Pkwy Suite 1100
Carrollton, TX 75007-1958

State Collection Services
2509 S. Stoughton Rd.
Madison, WI 53716

Streamwood Hospital
1400 E Irving Park Road
Streamwood, IL 60107

Sunrise Credit Services
PO Box 9100
Farmingdale, NY 11735

Syncb/Jcp
Po Box 965007
Orlando, FL 32896

Syncb/Lowes
Po Box 965005
Orlando, FL 32896

Torres Credit Serv
PO Box 189
Carlisle, PA 17015-3121

United Anesthesia Assoc
PO Box 631
Lake Forest, IL 60045

United Behavioral Health -
PO Box 411517
Saint Louis, MO 63141-3517

US Cellular
PO Box 0203
Palatine, IL 60055-0203

Verizon Wireless Bankruptcy
500 Technology Dr.
Suite 550
Weldon Spring, MO 63304

Village of Lakemoor
PO Box 7727
RLE
Carol Stream, IL 60197-7727

Webbank/Fingerhut
6250 Ridgewood Rd
Saint Cloud, MN 56303

Wells Fargo Home Mortgage
PO Box 10335
Des Moines, IA 50306

Winters Family Practice
2350 Royal Boulevard
Suite 300
Elgin, IL 60123-4718

Winters Family Practice
2350 Royal Boulevard
Suite 300
Elgin, IL 60123-4718

Womans DOC SC
20 Executive court
Suite 1
Barrington, IL 60010-9543

WOW
PO Box 4350
Carol Stream, IL 60197